

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. CR25	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51	7	4
2	1		1				52	7	4
3	1		1				53	7	4
4	1		1				54	7	4
5		1		1			55	7	4
6		1		2			56	7	4
7		2		2			67	7	4
8		4		4			58	7	4
9		+		4			59	7	4
10		4		4			60	7	4
11		3		4			61	7	4
12		4		4			62	7	4
13		4		4			63	7	4
14		4		4			64	7	4
15		4		4			65	7	4
16		4		4			66	7	4
17				7			67	7	4
18		4		4			68		
19		4		4			69		
20		4		4			70		
21		4		4			71		
22		4		4			72		
23		4		4			73		
24		4		4			74		
25		4		4			75		
26		4		4			76		
27		4		4			77		
28		4		4			78		
29		4		5			79		
30	1		1				80		
31	1		1				81		
32	1		1				82		
33	1		1				83		
34	1		1				84		
35	1		1				85		
36			1				86		
37		1	1				87		
38	1		1				88		
39	1		1				89		
40	1		1				90		
41	4	1					91		
42	4		4				92		
43	4		4				93		
44			1				94		
45	2	2	2				95		
46	2	2	2				96		
47	7		4				97		
48	7		4				98		
49	7		4				99		
50	7		4				100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		